

From: Nelson, Angela </O=CVSCAREMARK/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=ANELSON>
To: Harrington, Nicole J.
CC: Travassos, Michelle L.; Nelson, Angela
Sent: 7/9/2018 6:32:20 PM
Subject: FW: Phase II CS Documentation Feedback.pptx
Attachments: 6_26_18 CS Documentation pilot.pptx; 2018.6.25_Controlled Substance Therapy Review Checklist_Final_Version3__Chain.docx; Phase II CS Documentation Feedback.pptx

Nicci

Michelle and I would like to discuss the feedback from phase II of the pilot program for CS documentation. Attached is some of the feedback from phase II and the new document that we are proposing. I will find time on Tuesday when we are all available to discuss rolling out to a state- maybe Mass??

Thanks
Angela

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From: Nelson, Angela
Sent: Tuesday, June 26, 2018 8:55 PM
To: Harrington, Nicole J. <Nicole.Harrington@CVSHealth.com>
Cc: Travassos, Michelle L. <Michelle.Travassos@CVSHealth.com>; Nelson, Angela <Angela.Nelson@CVSHealth.com>
Subject: FW: Phase II CS Documentation Feedback.pptx

Nicci,

Attached is an overview of the CS documentation pilot and what we have done in the past few months. We went through the forms that we collected (about 50) and provided you some details. We do think that our recommendations we provided you yesterday will help some of the observations we saw on the forms – particularly the scripts that were under 50 MME. I think the new form aligns us to be success as we roll out to the chain. We also proposed a timeline to roll out to one state (MA or another state) then to the chain in September. Let me know what think or we can put up some time to discuss

Thanks,
Angela

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From: Nelson, Angela

Sent: Monday, June 25, 2018 6:16 PM

To: Harrington, Nicole J. <Nicole.Harrington@CVSHealth.com>

Cc: Travassos, Michelle L. <Michelle.Travassos@CVSHealth.com>; Nelson, Angela <Angela.Nelson@CVSHealth.com>

Subject: Phase II CS Documentation Feedback.pptx

Nicci

Attached is the feedback we received from rphs on the 2nd phase of our pilot – overall feedback was very good except the fact of not having in the system. Michelle and I made some changes to document. Attached. We can walk through it together on Thursday or you can call me on Tuesday morning to review. Michelle and I would like to discuss rolling out a state/region next and then to full chain.

Thanks
Angela

DOCUMENT WITHHELD FOR PRIVILEGE



Store feedback from Phase II of CS Documentation Pilot

OBSERVATIONS

Positive	Neutral	Negative
RPhs like form and are getting used to it	Many scripts for Oxy and Hydro are for low MME < 30	Takes too much time to fill out
Patients are becoming accustomed to protocol	3 refuses to 150 fills- not forcing greater RTF scripts	Need to duplicate documentation in RxConnect
Like MME info makes it easier to have convo w/ MD	Time to complete is 5-7 minutes	Difficulty meeting WeCARE scores when filling form out
Documentation gives credence to why we filled scripts	Difficult to keep track of refusals to fill	Difficulty tracking to see that form was filled out for scripts
New form is easier to use than previous version		Process occurs out of workflow
Like the red flags checklist		Prescriber push back for DX code or description of txt
Formalizes what the RPhs were already doing		Impact to customer service for MD call back

RECOMMENDATIONS

- Do not fill out form for those scripts <50 MME
- Integrate checklist to RxConnect system
- Move PMP access to Data Entry Verification vs Product Verification
- Create MD verification Fax form
- Do not fill out for refusal to fills
- Add Methadone and Combination fills to list
- Provide additional information on CDC Guidelines to distribute to patients
- Have PMP automatically launch for these medications
- Note section on form to track MME taper
- Add fentanyl as a drug of concern
- DLs should roll out to store teams in person for more successful execution

As RPhs and Patients become used to process, ensure Documentation Form is not replacing actively exercising Corresponding Responsibility





Store feedback from Phase II of CS Documentation Pilot

OBSERVATIONS	
Positive	Negative
Helps team to be more vigilant with Narcan	MDs are defensive and question why we are requesting info
Helps to see dosing through a clinical lens	Larger impact in timing to higher volume stores
Helps RPh to ensure they are not missing steps in exercising CR	
May prevent us from meeting customer expectations	
Gives accountability to each RPh for consistency	

RECOMMENDATIONS

- Move prescription number and prescriber name under patient name for use of auxiliary rx sticker
- Do not require form to be filled out every month for the same patients
- Add physician type selections to form ie Urgent Care, Family Medicine; Pain Management
- Do not require form to be filled out for low quantity dental scripts

Recommended feedback changes to final form for roll out:

- Fill out form for ≥ 50 MME only
- Removed printing requirement for PMP
- Added optional drugs of concern to form
- Changed header format for ease of use
- PMP changes will be incorporated for future RxConnect enhancement



**Documentation of
Controlled Substance Review**

Patient Name: _____

Date: _____

Prescriber: _____

DOB: _____

Prescription Number: _____

Pharmacist on duty: _____ (print name)

Pharmacists **must** exercise their corresponding responsibility before dispensing **any controlled substance**. On this form document your work for Oxycodone & Hydrocodone scripts ≥ 50 MME. Form may be used for other medications as appropriate

MME	<input type="checkbox"/> Oxycodone _____ mg X _____ tablets/day X 1.5 = _____ MME <small>(Conversion factor)</small>
	<input type="checkbox"/> Hydrocodone _____ mg X _____ tablets/day X 1 = _____ MME <small>(Conversion factor)</small>
	At RPh's discretion —see conversion chart reference <input type="checkbox"/> Hydromorphone <input type="checkbox"/> Methadone <input type="checkbox"/> Morphine <input type="checkbox"/> Other _____ MME
	The CDC Guidelines Recommend that Prescribers: <ul style="list-style-type: none"> • Use caution when prescribing opioids at any dosage & prescribe at the lowest effective dose • Use precaution when increasing to ≥ 50 MME per day • Carefully justify increasing dosage to ≥ 90 MME per day
Naloxone	<input type="checkbox"/> Consider offering to any patient prescribed over 50 MME per day
Diagnosis	<input type="checkbox"/> If relevant diagnosis is unavailable & MME>50, contact prescriber & document in RxConnect
PMP	<input type="checkbox"/> Yes, I have reviewed PMP (Access through QV or Patient Profile) <input type="checkbox"/> No, please explain; list date/time attempted (should only occur if system is down)
Identify and resolve potential red flags**	<input type="checkbox"/> Yes , potential red flag(s) are present; check those that apply (see <i>Red Flag Definitions</i>): <input type="checkbox"/> Cash <input type="checkbox"/> Store Shopping <input type="checkbox"/> High quantity <input type="checkbox"/> Age <input type="checkbox"/> MD Shopping <input type="checkbox"/> Cocktail <input type="checkbox"/> Distance <input type="checkbox"/> Only Controls <input type="checkbox"/> High MME <input type="checkbox"/> Other Document resolution of red flags below: <input type="checkbox"/> No , I have review and determined that no potential red flag(s) are present
Prescriber	<input type="checkbox"/> I did not contact the prescriber because there are no red flags present <input type="checkbox"/> I did not contact the prescriber because _____ <input type="checkbox"/> I contacted the prescriber's office and spoke to _____ Document substance of discussion with prescriber below and in patient profile:
I understand CVS policy with respect to corresponding responsibility, have followed that policy in connection with this prescription, and I have documented on this form relevant information about my decision whether or not to dispense. After completing my review, I have decided to: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Fill this Rx <input type="checkbox"/> Refuse to fill this Rx </div> Pharmacist Signature: _____ (place this document in binder)	

*This document is not a part of the patient's record

**Red flag list does not include all potential red flags; pharmacists should evaluate ALL aspects of the prescription prior to filling